

Internal Contract No: n/a
Purchasing Contract No: _____
Index Code: 403310

CONTRACT ROUTING SHEET

Date Prepared: June 8, 2011

Need Date: 6/23/11

PROCESSING DEPARTMENT:

Department: Health Svcs - Public Health

Dept. Contact: Kathy Lang x 6362

2nd Contact: Kathy Lang

Department _____

Head Signature: *Neda West*
Neda West, Director

CONTRACTOR:

Name: Resolution for CSA 3 Benefit Assessment

Address: _____

Phone: _____

CONTRACTING DEPARTMENT: Health Services Department

Service Requested: Review and approve resolution for Board item on 7/19/11

Contract Term: _____ Contract Value: \$0.00

Compliance with Human Resources requirements? Yes No:

Compliance verified by: Other

COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved: Disapproved: _____ Date: 6/15/11 By: *Josh Beck*

Approved: _____ Disapproved: _____ Date: _____ By: _____

make revisions as marked
Done 6/17/11

EL DORADO COUNTY COUNSEL
2011 JUN 10 PM 3:07

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)

Approved: Disapproved: _____ Date: 6/16/11 By: *M.S.J.*

Approved: _____ Disapproved: _____ Date: _____ By: _____

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).

Departments: _____

Approved: _____ Disapproved: _____ Date: _____ By: _____

Approved: _____ Disapproved: _____ Date: _____ By: _____

Richard W. Tardel 6.8.2011
Program Manager Date

n/a 29:8
Finance Date

RECEIVED
11 JUN 16 AM 8:52